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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application No.	10/848,739
	Filing Date	05/19/2004
	Group Art:	2855
	Examiner Name	Oen, William L.
	First Named Inventor	David M. Albert
	Atty. Docket No.	ENTG1360-1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ All the attorneys/agents of record
☐ The attorneys/agents (with registration numbers) listed on the attached papers(s), or
☒ The attorneys/agents associated with Customer Number **44654**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Applicant requested file be transferred to new counsel

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert A. Skrivanek, Jr. Lowrie, Lando & Anastasi, LLP		
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Signature			
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Date		Telephone No.	512-637-9226

NOTE: Withdrawal is effective when approved rather than received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.